

IN THE UNITED STATES DISTRICT COURT FOR THE
WESTERN DISTRICT OF MISSOURI

David Levi Whitehead # 363127)
(full name) (Register No.))

Plaintiff(s).

v.

Department of Corrections

George A. Lombardi

(Full name)

2729 Plaza Dr., P.O. Box 236

Jefferson City, Missouri 65102

Defendant(s).

Case No. _____

Jury trial Demanded

Defendants are sued in their (check one):

____ Individual Capacity

____ Official Capacity

X Both

COMPLAINT UNDER THE CIVIL RIGHTS ACT OF 42 U.S.C. § 1983

I. Place of present confinement of plaintiff(s): Missouri Eastern Correctional Center
18701 Old Hwy 66 - Pacific, Missouri 63069

II. Parties to this civil action:
Please give your commitment name and any another name(s) you have used while incarcerated.

A. Plaintiff David Levi Whitehead Register No. 363127
Address 18701 Old Hwy 66
Pacific, Missouri 63069

B. Defendant George A. Lombardi
2729 Plaza Dr., P.O. Box 236 - Jefferson City, Missouri 65102
Is employed as Director of the Department of Corrections

For additional plaintiffs or defendants, provide above information in same format on a separate page.

Page 1A

II. B.

Matt Sturm

2729 Plaza Dr., P.O. Box 236

Jefferson City, Missouri 65102

Deputy Division Director - Division of Adult Institutions

J. Cofield

2729 Plaza Dr., P.O. Box 236

Jefferson City, Missouri 65102

Regional Director, Constituent Services

G. Campbell

2729 Plaza Dr., P.O. Box 236

Jefferson City, Missouri 65102

D.O., Interim Associate Regional Medical Director

Alan Earls

P.O. Box 190

Fulton, Missouri 65251

FRDC Warden

Catherine Ousley

P.O. Box 190

Fulton, Missouri 65251

FRDC Assistant Warden

Alfred Garcia, MD-CCHP

P.O. Box 190

Fulton, Missouri 65251

FRDC Medical Director

Page 1B

Rhonda Campbell; RN-CCHP
P.O. Box 190
Fulton, Missouri 65251
FRDC Medical Assistance

Dana Meyer, RN-CCHP
P.O. Box 190
Fulton, Missouri 65251
FRDC Health Service Administrator

John Doe
P.O. Box 190
Fulton, Missouri 65251
FRDC Property Room Officer

- III. Do your claims involve medical treatment? Yes X No _____
- IV. Do you request a jury trial? Yes X No _____
- V. Do you request money damages? Yes X No _____
- State the amount claimed? \$5 million / _____ (actual/punitive)

VI. Are the wrongs alleged in your complaint continuing to occur? Yes X No _____

VII. Grievance procedures:

A. Does your institution have an administrative or grievance procedure?

Yes X No _____

B. Have the claims in this case been presented through an administrative or grievance procedure within the institution? Yes X No _____

C. If a grievance was filed, state the date your claims were presented, how they were presented, and the result of that procedure. (Attach a copy of the final result.)

June 9, 2011 and August 3, 2011. Presented as grievances. They said my braces was lost. Pages 2A, 2B, 2C and 2D

D. If you have not filed a grievance, state the reasons.

N/A

VIII. Previous civil actions:

A. Have you begun other cases in state or federal courts dealing with the same facts involved in this case? Yes _____ No X

B. Have you begun other cases in state or federal courts relating to the conditions of or treatment while incarcerated? Yes _____ No X

C. If your answer is "Yes," to either of the above questions, provide the following information for each case.

(1) Style: _____
(Plaintiff) (Defendant)

(2) Date filed: _____

OFFENDER GRIEVANCE APPEAL
RESPONSE

TO: Whitehead, David #363127
INSTITUTION: Fulton Reception Diagnostic & Correctional Center
GRIEVANCE NUMBER: FRDC-11-44
DATE OF APPEAL: August 4, 2011

Your grievance appeal has been received and reviewed. As well, your medical record has been reviewed. The purpose of this review is to assure that timely and appropriate healthcare has been provided to you. This assessment of your medical needs may differ from your personal desires.

I understand your one original IRR complaint to be that you contend that the medical department lost your brace (back and chest), right leg brace and left ankle/foot brace. You want your braces returned.

Upon review of your medical record, grievance records and investigation of your concern, I found that your back leg and ankle braces had been kept in the receiving nurse's office until the doctor's appointment. It is noted you were issued a wheelchair which you had been using since your incarceration. Your record shows the medical staff returned your personal braces to the property department. It is noted there was no documentation concerning your braces when you arrived at MECC on May 26, 2011. Your record shows you had several healthcare encounters with the physician. At your October 1, 2011 encounter post assessment and examination your physician ordered an ACL brace for your right knee and a left ankle brace.

Conclusion: Based on the above information, your Grievance Appeal is not supported, as outlined above.

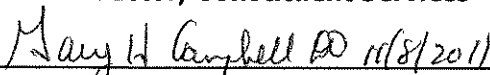
This should resolve your grievance. No further action is indicated at this time.

Should your medical condition change, please address any concerns through the sick call process at your facility.

08/23/2011
Date Received

11/02/2011
Date of Response


J. Corfield
Regional Director, Constituent Services


Reviewed by/Date
G. Campbell, D.O., Interim Associate Regional
Medical Director

JHC/sf

Cc: File
R.M.
H.S.A.
D.O.N.
Medical Director

OFFENDER COPY

GRIEVANCE RESPONSE

TO: Offender David Whitehead # 363127
INSTITUTION: Fulton Reception & Diagnostic Center
GRIEVANCE
NUMBER: FRDC 11-44
DATE: July 8, 2011

I have read and reviewed your grievance; there is no corresponding IRR as you filed the grievance after your transfer to Missouri Eastern Correctional Center. I have also examined your medical record regarding this issue.

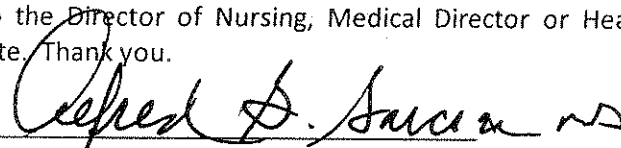
I understand your concern is: The medical department lost your braces (back & chest brace, right full-leg brace, and left ankle & foot brace). Your resolution is to have all your braces returned.

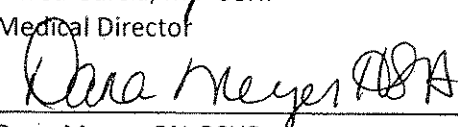
Subsequent to my review and investigation, I have found the following:

1. You came to FRDC on March 29, 2011. It was noted on intake that your back, leg and ankle brace were kept in receiving (nurse office) until after the doctor appointment. You were issued a wheelchair.
2. Dr. Garcia met with you on March 30, 2011. His plan of treatment was for you to remain in the wheelchair and for braces to be held at the institution until your transfer to another facility.
3. Medical equipment not approved by the physician for issue should be returned to property. Staff report the braces were returned to the property department. There is no documentation of the braces being issued or sent home or that you gave up possession.
4. You transferred to MECC on May 26, 2011. There is no documentation in the nurse's note about the braces.
5. You will be evaluated by the physician at your present site (MECC). If the physician determines that braces are medically necessary, they will be provided for you at no cost.

In conclusion,

I cannot support your Grievance; your medical needs are being addressed. Please continue to keep medical aware of your concerns through Nurse Sick Call. You may also address concerns in writing to the Director of Nursing, Medical Director or Health Services Administrator at your present site. Thank you.


Alfred Garcia, MD-CCHP
Medical Director


Dana Meyer, RN-CCHP
Health Services Administrator

OFFENDER COPY

cc: Health Services Administrator - MECC



St. John's Regional Health Center
1235 E. Cherokee
Springfield, MO 65804

FEDERAL TAX ID
44-0552485

DATE OF BILL
07/14/2011

PAGE
7 of 18

PATIENT NAME WHITEHEAD, DAVID	PATIENT NUMBER 41092310040	ADMISSION DATE 08/19/2009	DISCHARGE DATE 08/28/2009	ITEMIZED STATEMENT OF ACCOUNT FOR QUESTIONS REGARDING THIS STATEMENT, PLEASE CALL (800) 572-8606 or (417) 820-2700
INSURANCE COMPANY NAME [REDACTED]				
GUARANTOR NAME & ADDRESS WHITEHEAD, DAVID 630 N DEXTER LOT 124 SPRINGFIELD, MO 65802				
PAYMENT & CREDIT CARD INFORMATION RETURN THE TOP PORTION OF THE LAST PAGE OF THIS STATEMENT WITH YOUR PAYMENT TO ASSURE PROPER CREDIT. DO NOT ENCLOSE INQUIRIES WITH YOUR PAYMENT				

SERVICE DATE	ITEM NO.	DESCRIPTION	REVENUE CODE	QTY	UNIT PRICE	TOTAL CHARGES
08/20/2009	460000002	DRSG THERABOND 3D ISLAND 4X10 CUSTOM 3DAIXS-410	0272	1		157.68
08/20/2009	400013428	HCHG STETHOSCOPE ESOPHAGEAL 18FR(AKA 211939)	0272	1		14.00
08/20/2009	460000002	SOL IRRIG SALINE 1000ML 07138-09	0272	1		4.03
08/20/2009	460000002	ADH SKIN DERMABOND PROPEN 0.5ML DPP6	0272	1		156.80
08/20/2009	460000002	TOOL MIDAS REX 14MH30	0272	1		602.57
08/20/2009	460000002	PREP CHLORAPREP ORNG TINT26ML 260815	0272	1		39.42
08/20/2009	400013225	HCHG SET EXT HP/MAXPLUS/CLAMP 6.5IN(AKA 211436)	0272	1		10.00
08/20/2009	460000002	PK CUST BPSCO GS0135	0272	1		52.27
08/20/2009	460000002	SUT VICRYL PLUS CT-1 18IN CR VCP739D	0272	1		66.11
08/20/2009	460000002	SUT VICRYL PLUS 2-0 CT-2 18IN CR VCP726D	0272	2		127.20
08/20/2009	460000002	SUT VICRYL PLUS - 8-18IN VIO C VCP740D	0272	1		66.34
08/20/2009	460000002	HEMOSTATIC GELFOAM LG SZ 100 9034201	0272	1		118.32
08/20/2009	460000002	CORD BIPOLAR DUAL US349SP	0272	1		32.82
08/20/2009	460000002	PK CUST MINOR NEURO SJ NU0113	0272	2		228.22
08/20/2009	460000002	DRAPE C-ARM 4951	0272	2		39.72
08/20/2009	460000002	COTTONOID SURG 0.75X0.75IN 801401	0272	1		51.10
08/20/2009	460000002	TUBE CONNECT 3/16INX10FT N510	0272	3		22.08
08/20/2009	460000002	KIT EVACUATOR 3/32IN 400ML SMALL 43600	0272	2		99.98
08/20/2009	460000002	PROBE STIM MONOPOLAR STD 8225101	0272	1		528.17
08/22/2009	400004579	HCHG KIT SUT REMOVAL DISP 66100	0272	1		3.00
08/22/2009	400005205	HCHG DRESSING XEROFORM ST 5X9	0272	1		4.00
08/22/2009	400003360	HCHG TUBE SALEM SUMP 14FR 48IN	0272	1		7.00
08/23/2009	400004579	HCHG KIT SUT REMOVAL DISP 66100	0272	1		3.00
08/23/2009	400013172	HCHG DRSG THERABOND 3D ISLAND 4X10	0272	1		158.00
08/24/2009	400004633	HCHG TRAY IRRIGATION FOLEY 70CC SYR	0272	1		7.00
08/25/2009	400014496	HCHG BRACE KNEE RANGER	0272	1		391.00
08/25/2009	400013225	HCHG SET EXT HP/MAXPLUS/CLAMP 6.5IN	0272	1		10.00
08/25/2009	400005652	HCHG CATH IV INTRCN SFTY 20GAX1.25I	0272	1		9.00
	TOTAL	MEDICAL/SURGICAL SUPPLIES AND DEVICES - STERILE	0272	106		6,921.66
08/22/2009	400013692	CUSTOM TLSSO, TRIPLANAR CONTROL, TWO-PIECE RIGID PL -	0274	1		1,596.29
	TOTAL	MEDICAL/SURGICAL SUPPLIES AND DEVICES - PROSTHE	0274	1		1,596.29
08/19/2009	400000002	SCREW CORTEX 2.0X16MM	0278	1		82.00
08/19/2009	400000002	SCREW CORTEX 2.0X14	0278	2		164.00
08/19/2009	400000002	SCREW CORTEX 2.0X20MM	0278	1		82.00
08/19/2009	460000006	PLATE LCP 1/3 TUBULAR 5HOLE 241.351	0278	1		398.83
08/19/2009	460000006	SCREW CORT SELF TAP 3.5X50MM 204.850	0278	1		60.22
08/19/2009	460000006	SCREW CANC PT 4X45MM 207.045	0278	1		43.38
		CONTINUED				

PATIENT NUMBER 41092310040

PLEASE REFER TO PATIENT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE.

NOTE: AMOUNTS INDICATED TO BE PAID BY THIRD PARTIES ARE ESTIMATED BY THE HOSPITAL. HOWEVER, THE PATIENT AND/OR RESPONSIBLE PARTY HAVE PERSONALLY GUARANTEED PAYMENT AND ARE RESPONSIBLE FOR THE TOTAL CHARGES ON THIS STATEMENT.

Make Checks Payable to:
St. John's Regional Health Center
1235 E. Cherokee
Springfield, MO 65804



St. John's Regional Health Center
1235 E. Cherokee
Springfield, MO 65804

FEDERAL TAX ID
44-0552485

DATE OF BILL
07/14/2011

PAGE
5 of 11

PATIENT NAME WHITEHEAD, DAVID	PATIENT NUMBER 41092310040	ADMISSION DATE 08/19/2009	DISCHARGE DATE 08/28/2009	ITEMIZED STATEMENT OF ACCOUNT FOR QUESTIONS REGARDING THIS STATEMENT, PLEASE CALL (800) 572-8606 OR (417) 820-2700
INSURANCE COMPANY NAME [REDACTED]				
GUARANTOR NAME & ADDRESS WHITEHEAD, DAVID 630 N DEXTER LOT 124 SPRINGFIELD, MO 65802				
PAYMENT & CREDIT CARD INFORMATION RETURN THE TOP PORTION OF THE LAST PAGE OF THIS STATEMENT WITH YOUR PAYMENT TO ASSURE PROPER CREDIT. DO NOT ENCLOSE INQUIRIES WITH YOUR PAYMENT				

SERVICE DATE	ITEM NO.	DESCRIPTION	REVENUE CODE	QTY	UNIT PRICE	TOTAL CHARGES
08/20/2009	400001692	HCHG MASK ANES FACE ADLT LG(AKA 34227)	0270	1		9.00
08/20/2009	400002645	HCHG CIRCUIT ANES ADLT 3L 40IN(AKA 83969)	0270	1		23.00
08/20/2009	400011257	HCHG CUFF BP ADLT DISP LF(AKA 91975)	0270	1		19.00
08/20/2009	100001109	HCHG OXYGEN DAILY	0270	1		288.00
08/20/2009	400002664	HCHG CASSETTE FLD WRM FLW RNGR STD(AKA 60113)	0270	1		52.00
08/20/2009	400002577	HCHG CONNECTOR 5-IN-1 271502(AKA 3799)	0270	1		2.00
08/20/2009	400000946	HCHG SET PLUMSET W/CLAVE Y-SITE(AKA 129947)	0270	1		29.00
08/20/2009	400000951	HCHG SET PCA MINI BORE 3559-03(AKA 76440)	0270	1		26.00
08/20/2009	400012964	HCHG OXYGEN SET UP	0270	1		50.00
08/21/2009	100001109	HCHG OXYGEN DAILY	0270	1		288.00
08/22/2009	400000131	HCHG TUBE SUCT YANKAUER BULB W/O TR	0270	1		3.00
08/22/2009	100001109	HCHG OXYGEN DAILY	0270	1		288.00
08/22/2009	400015278	HCHG WALL SUCTION	0270	1		15.00
08/22/2009	400002058	HCHG FILTER ANTI REFLUX EX	0270	1		20.00
08/22/2009	400002637	HCHG CIRCUIT IPPB UNSET IV	0270	1		8.05
08/23/2009	100001109	HCHG OXYGEN DAILY	0270	1		288.00
08/23/2009	400002575	HCHG CONTAINER GRAD TRIANG 1000CC	0270	1		1.00
08/24/2009	100001109	HCHG OXYGEN DAILY	0270	1		288.00
08/25/2009	100001109	HCHG OXYGEN DAILY	0270	1		288.00
08/25/2009	400000946	HCHG SET PLUMSET W/CLAVE Y-SITE	0270	1		29.00
08/25/2009	400011070	HCHG KIT IV START W/CHG SEPP	0270	1		6.00
08/25/2009	400012964	HCHG OXYGEN SET UP	0270	1		50.00
08/27/2009	400010723	HCHG GARMENT FOOT COMP REG 12IN	0270	1		234.00
08/28/2009	400002832	HCHG BELT GAIT PASTEL	0270	1		39.00
	TOTAL	MEDICAL/SURGICAL SUPPLIES AND DEVICES - GENERAL	0270	55		3,246.05
08/19/2009	400003176	HCHG TUBING CONNECT 9/32X12FT	0272	2		18.00
08/19/2009	400012966	HCHG CANNULA NASAL HN ADLT 7FT TB	0272	1		3.00
08/19/2009	400013737	HCHG MASK HI O2 3IN1 W/7FT TUB ADLT	0272	1		5.00
08/19/2009	400003279	HCHG TUBE TRACH HILO EVAC 8.0	0272	1		76.00
08/19/2009	400014155	HCHG TRAY CHEST TUBE INSERTION	0272	1		308.00
08/19/2009	400005992	HCHG CATH CHEST TROCAR 28FR	0272	1		82.00
08/19/2009	400013124	HCHG CONNECTOR CLEAR MAXPLUS VALVE	0272	1		7.00
08/19/2009	460000002	TOURNIQUET 4X34IN 5921-034-235	0272	1		128.71
08/19/2009	400000001	BIT DRILL CALIBRATED 1.5MM	0272	1		970.00
08/19/2009	460000002	COUNTER NDL SHRP SM 31142295	0272	1		4.44
08/19/2009	460000002	DRILL BIT QCK CPL 2X65MM 310.201	0272	1		355.66
08/19/2009	460000002	TUBE CONNECT 3/16INX10FT N510	0272	1		7.36
08/19/2009	460000002	SUT ETHIBOND 0 30IN CT-1 X424H	0272	1		10.22
		CONTINUED				

PATIENT NUMBER
41092310040

PLEASE REFER TO PATIENT
NUMBER ON ALL INQUIRIES
AND CORRESPONDENCE.

NOTE: AMOUNTS INDICATED TO BE PAID BY THIRD PARTIES
ARE ESTIMATED BY THE HOSPITAL. HOWEVER, THE PATIENT
AND/OR RESPONSIBLE PARTY HAVE PERSONALLY GUARANTEED
PAYMENT AND ARE RESPONSIBLE FOR THE TOTAL CHARGES
ON THIS STATEMENT.

Make Checks Payable to:
St. John's Regional Health Center
1235 E. Cherokee
Springfield, MO 65804

- (3) Court where filed: N/A
- (4) Case Number and citation: N/A
- (5) Basic claim made: N/A
- (6) Date of disposition: N/A
- (7) Disposition: N/A
(Pending) (on appeal) (resolved)
- (8) If resolved, state whether for: N/A
(Plaintiff or Defendant)

For additional cases, provide the above information in the same format on a separate page.

IX. Statement of claim:

- A. State here as briefly as possible the facts of your claim. Describe how each named defendant is involved. Include the names of other persons involved, dates and places. Describe specifically the injuries incurred. Do not give legal arguments or cite cases or statutes. You may do that in Item "B" below. If you allege related claims, number and set forth each claim in a separate paragraph. Use as much space as you need to state the facts. Attach extra sheets, if necessary. Unrelated separate claims should be raised in a separate civil action.
- On March 29, 2011 I arrived at FRDC wearing a chest/back brace, a full leg range brace on my right leg and a walking boot on my left ankle. At that time I saw a nurse which took the braces and put me in a wheelchair until I seen the Doctor to see what he wanted to do with the braces.
- At the time that I seen the doctor. He said he would hold my braces until I get to a mainline camp and then it would be up to that doctor if I was allowed to have them or not.
- On May 26, 2011 when I was transfered to Missouri
- B. State briefly your legal theory or cite appropriate authority:
- That they should half to pay me the cost of my braces. I should also be entitled them to pay the cost of me filing this law suit and be entitled money for pain and suffering I went through due to not having my braces.

Page 3A

IX. A

Correctional Center my braces was not transfered with me.

I was put in a wheelchair and stayed in the wheelchair until April 4, 2012. I had to do gate training with a walker for months to be able to walk again.

X. Relief: State briefly exactly what you want the court to do for you. Make no legal arguments.

To pay for the cost of all my braces and the
filling fee. Pay me for the pain and suffering I went
through, since I did not have my braces.

XI. Counsel:

A. If someone other than a lawyer is assisting you in preparing this case, state the person's name. N/A

B. Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action? Yes X No

If your answer is "Yes," state the names(s) and address(es) of each lawyer contacted.

ROGER G. BROWN & ASSOCIATES
216 East McCarty Street
Jefferson City, Missouri 65101-3313

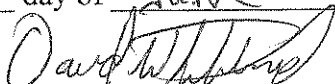
C. Have you previously had a lawyer representing you in a civil action in this court? Yes No X

If your answer is "Yes," state the name and address of the lawyer.

N/A

I declare under penalty of perjury that the foregoing is true and correct.

Executed (signed) this 27 day of June 2012



Signature(s) of Plaintiff(s)

Page 4A

XI. B.

WILLIAM D. STEINMEIER; P.C.
2031 Tower Drive
Jefferson City, Missouri 65109

Michael Rizzo
Attorney At Law
P.O. Box 165317
North Kansas City, MO 64116-5317

Katherine S. Rizzo (Stinson M.H.)
Attorney At Law
1201 Walnut St, Ste 2900
Kansas City, MO 64106

Baty, Holm & Namrich, P.C. Law Office
210 Plaza West Building, 4600 Madison Ave
Kansas City, MO 64112-3012

ACLU
3601 Main Street
Kansas City, MO 64111

Sanders & Simpson, P.C. Law Office
10401 Holmes Road, Suite 490
Kansas City, MO 64131-3405

Siro, Smith, Dickson, P.C. Law Office
1621 Baltimore Avenue
Kansas City, MO 64108-1302

Page 4B

Wagstaff & Cartmell, L.L.P. Law office
4740 Grand Avenue, Suite 300
Kansas City, MO 64112-2255

The Accurso Law Firm, A Professional Corporation
4646 Roanoke Parkway
Kansas City, MO 64112-1227

Ford, Parshall & Baker L.L.C. Law Office
3210 Bluff Creek Drive
Columbia, MO 65201-3525

Oliver, Walker, Wilson Law Office
Flat Branch Center
401 Locust Street, Suite 406
Columbia, MO 65201

Bley Law Firm, P.C.
Woodrail Centre
1000 West Nifong Boulevard, Building 4, Suite 200
Columbia, MO 65203-5679

Rogers, Ehrhardt & Weber, L.L.C. Law Office
302 Campusview Drive, Suite 204
Columbia, MO 65201-7506

Walther, Antel, Stamper & Eischer, P.C. Law Office
700 Cherry Street Second Floor
Columbia, MO 65201

Noland Law Firm L.L.C.
34 Westwoods Drive
Liberty, MO 64068-3519

Page 40

Parrish, Mary M. Hinchey Law Office
122 Westwoods Drive
Liberty, MO 64068-1181

Patton & Associates Law Office
114 Westwoods Drive
Liberty, MO 64068-1181

Gregory R. Harrison, Law Office
Westowne Office Center, Westowne II
Liberty, MO 64068

Langdon & Emison Law Office
911 Main Street, P.O. Box 220
Lexington, MO 64067-0220

Aull, Sherman, Worthing, Giorza & Hamilton L.L.C. Law Office
Nine South 11th Street, P.O. Box 280
Lexington, MO 64067-0280

Bradley And Bradley L.L.C. Law Office
105 South Tenth Street
Lexington, MO 64067

Yeretsky & Maher, L.L.C. Law Office
P.O. Box 26035
Kansas City, MO 64196-6035

Deacy & Deacy, L.L.P., Law Office
920 Main Street, Suite 1900
Kansas City, MO 64105-2010

Page 40

Caskey, Hopkins & Wilhelmus, L.L.C. Law Office
2029 Wyandotte Street, Suite 100
Kansas City, MO 64108-1971

Thomas R. Bellmann, P.C. Law Office
311 West Kansas Avenue
Independence, MO 64050-3715

Bartimus, Frickleton, Robertson & Gorny, P.C. Law Office
715 Swifts Highway
Jefferson City, MO 65109-2545

Brown, Cornwell, Farrow L.L.C. Law Office
601 Monroe Street, Suite 304
Jefferson City, MO 65101-3180

David Whitehead #363197
Missouri Correctional Center 1-A-10

Eastern

18701 Old Hwy 66

Pacific, MO 63069

This correspondence is from an inmate in the custody of the Missouri Department of Corrections. The Department is not responsible for the contents of this correspondence. For information about the Department or to verify information about the offender, please visit our website at www.doc.mo.gov.

Mailed from:
Missouri Eastern
Correctional Center

RECEIVED

2012 JUL -2 PM 1:29
CLERK, U.S. DIST. COURT
WEST. DIST. OF MO
KANSAS CITY, MO

"LEGAL MAIL"

U.S. District Court
Office of the Clerk
1510 Whitaker Courthouse
406 E. Ninth Street
Kansas City, MO 64106

SCREEN
U.S. MAIL

